

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/551,590

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1	6				
5	1	6				
6	1	6				
7	1	6				
8	2	2				
9	2	2				
10	1	1				
11	1	1				
12	1	1				
13	1	1				
14	1	1				
15	1	1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		25				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
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97						
98						
99						
100						
TOTAL IND.		3		↓		↓
TOTAL DEP.		22		←		←
TOTAL CLAIMS		25				

BEST AVAILABLE COPY